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PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Mail Stop Reissue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

| | |
|--|--------------------|
| Attorney Docket No. | 23885-08201 |
| First Named Inventor | Martin S. Glasband |
| Original Patent Number | 6,278,266 B1 |
| Original Patent Issue Date (Month/Day/Year) | August 21, 2001 |
| Express Mail Label No. | EV 342133709 US |

APPLICATION FOR REISSUE OF:

(check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

- ☒ *Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☐ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
- Original U.S. Patent currently assigned?
☐ Yes ☐ No

(If Yes, check applicable box(es))
☐ Written Consent of All Assignees (PTO/SB/53)
☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(PTO/SB/96)

ACCOMPANYING APPLICATION PARTS

- ☐ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
- ☐ Original U.S. Patent for surrender
☐ Ribbioned Original Patent Grant
☐ Statement of Loss
☐ Offer to Surrender Patent
- ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
- ☐ Information Disclosure Statement (IDS), PTO/SB/08A ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration
(if applicable)
- ☒ Preliminary Amendment and Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
- ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- ☐ Other: _____

14. CORRESPONDENCE ADDRESS



Customer Number

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Name (Print/Type)

Robert A. Hulse

Registration No. (Attorney/Agent)

48,473

Signature

Robert A. Hulse

Date

21 Aug. 2003

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

23885-08096

Claims as Filed - Part 1

| Claims in Patent | For | Number Filed in Reissue Application | (3) Number Extra | Small Entity Rate | Small Entity Fee | Other than a Small Entity Rate Fee | | |
|-----------------------------------|--|-------------------------------------|---------------------|-------------------|------------------|------------------------------------|--------|----|
| (A) 4 | Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i)) | (B) 26 | **** 6 | = x \$ 9 = | \$54 | Or | x \$ = | \$ |
| (C) 2 | | (D) 9 | * 7 | = x \$ 42 = | \$294 | | x \$ = | \$ |
| Basic Fee (37 CFR 1.16(h)) | | | | \$ 375 | | | \$ | |
| Total Filing Fee | | | | | \$ 723 | OR | | \$ |

Claims as Amended - Part 2

| | (1) Claims Remaining After Amendment | | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity | | Other than a Small Entity | | |
|--|---|-------|---|-----------------------------|--------------|--------|---------------------------|--------|----|
| | | | | | Rate | Fee | Rate | Fee | |
| Total Claims (37 CFR 1.16(j)) | *** 26 | MINUS | ** 20 | * = 6 | x \$ 54 = | \$ 54 | or | x \$ = | \$ |
| Independent Claims (37 CFR 1.16(i)) | *** 9 | | ***** 2 | = 7 | x \$ 294 = | \$ 294 | | x \$ = | \$ |
| Total Additional Fee | | | | | | \$ 348 | OR | | \$ |

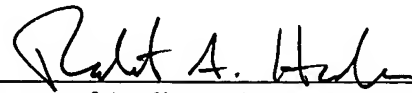
- * If the entry in (D) is less than the entry in (C), Write "0" in column 3.
 ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.
 *** After any cancellation of claims
 **** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).
 ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- ☒ Applicant claims small entity status. See 37 CFR 1.27.
☐ Please charge Deposit Account No. _____ in the amount of _____.
 A duplicate copy of this sheet is enclosed.
☐ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.
 A duplicate copy of this sheet is enclosed.
☒ A check in the amount of \$PLEASE DEFER to cover the filing / additional fee is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.

Date

21 Aug. 2003

Signature of Applicant, Attorney or Agent of Record



Robert A. Hulse, Reg. No. 48,473

Typed or printed name